

Denise Juneau, Superintendent Montana Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501 www.opi.mt.gov ATTN: Educator Licensure

## Provider's Application to offer Renewal Units for Professional Development Activities

## When Is Approval Required?

Approval is required when an individual or an organization wishes to offer licensed Montana educators "credit" for attending professional development activities containing meaningful content and appropriate to the license and endorsements of the license holder.

If you plan to offer multiple events appropriate for renewal unit credit, please review the "Annual Provider" information at www.opi.mt.gov.

| SECTION I: Provider Information  |  |                                 |          |  |                         |   |  |     |  |
|--|--|---------------------------------|----------|--|-------------------------|---|--|-----|--|
| Last Name  | First Name   |                                 |          | Name of Organization                                 |                         |   |  |     |  |
| Mailing Address (Street, RFD, PO Box)  |  | City                            |          |  |                         | State   |  | ZIP |  |
| E-Mail Address   | Phone  |                                 | Fax      |  | Organization's website: |   |  |     |  |
| SECTION II: Course, Conference, Workshop, Seminar or Event Information  A brochure, agenda or other material must be attached, detailing length of sessions, meal breaks and course content. |  |                                 |          |  |                         |   |  |     |  |
| Title  |  |                                 | D        | Date of Activity City/State                          |                         |   |  |     |  |
| Number of Renewal Units Requested  |  |                                 |          | Location of Activity (e.g., hotel or college campus) |                         |   |  |     |  |
| ◆ 1 hour of contact time = 1 renewal unit ◆ 1.5 hours = 1 renewal unit ◆ 1.75 hours = 2 renewal units ◆  |  |                                 |          |  |                         |   |  |     |  |
| SECTION III: Checklist   |  |                                 |          |  |                         |   |  |     |  |
| Have you:  Completed all inform  Incomplete applicate  Enclosed a detailed   | ions or inadequ  | ate d                           | ocumenta |  |                         |   |  |     |  |
| Requests for pre approval must be received by OPI a minimum of seven (7) business  |  |                                 |          |  |                         |   |  |     |  |
|  |  | days prior to the beg           |          |  |                         | Step 3: After the event is complete:                                    |  |     |  |
| <b>Step 1</b> : Return the comple application and attachmen  | STAN   | Step 2: Receive approval letter |          |  | 3                       | Step 3: After the event is complete:                                    |  |     |  |
| Office of Public Instruction<br>Attn: Educator Licensure<br>PO Box 202501<br>Helena, MT 59620-2501   | r Licensure  onumber 1 you have received:  onumber 2 you have received:  onumber 3 you have received:  onumber 4 you have rece |                                 |          | r activity unle                                      | C<br>A                  | Complete the "Single Event<br>Approval Report" and return it to<br>OPI. |  |     |  |
| SECTION V: Contact us  | S  |                                 |          |  |                         |   |  |     |  |
| Telephone: (406) 444-3150<br>Fax: (406) 444-0743   |  |                                 |          | Email: cert@mt.gov Web: www.opi.mt.gov/cert          |                         |   |  |     |  |